

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

DISCHARGE OR LEAVE OF A CLIENT FROM A LONG-TERM CARE FACILITY

1. A certified nursing facility, hospital having a nursing facility contract, ICF-MR or inpatient psychiatric facility for persons under the age of 21 shall send the appropriate department or division immediate written notification of the date of discharge or death of a patient or client.
2. Discharge and readmission is necessary for all long-term care facility residents who are admitted as hospital in-patients.
3. All social/therapeutic absences must be documented in the resident's clinical record.
4. The department will reimburse the nursing facility for absences not to exceed a total of eighteen days per calendar year.
5. An ICF-MR shall notify the Division of Developmental Disabilities (DDD) of social absences exceeding fifty-three (53) hours. Single social absences over seven (7) days require prior written approval by the Director of DDD, or his designee. Social leaves must be consistent with goals and objectives of individual program plans.
6. In a facility certified as an ICF-MR, social leave in excess of seventeen (17) days per calendar year requires prior written approval by the Director of DDD, or his designee.
7. The department shall reimburse an inpatient psychiatric facility for persons under age 21 for social "week-end" absences not to exceed forty-eight (48) hours. In addition, the facility shall be reimbursed for a social leave of absences not to exceed fourteen (14) days per calendar year. Leave of absence in excess of the annual maximum shall require prior written approval by the Mental Health Division. All absences and leaves shall be documented in the client's clinical record and shall be consistent with the goals and objectives of the individual treatment plan.

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ATTACHMENT 4.19-C

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State WASHINGTON

DISCHARGE OR LEAVE OF A CLIENT FROM A LONG-TERM CARE FACILITY,
Cont.

8. The department shall reimburse an inpatient psychiatric facility for persons under age 21 for run away absences not to exceed a calendar year maximum of seven (7) days. Payment for run away absences in excess of the annual maximum requires prior written approval of the Mental Health Division. Justification for reserving bed space for run away absences shall be documented in the client's social record and be consistent with the goals and objectives of the individual treatment plan.

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State Plan Under Title XIX of the Social Security Act

State: Washington

REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL HEALTH FACILITIES

Payment for Services

Services provided by facilities of the Indian Health Service (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization, and funded by Title I or III of the Indian Self Determination and Education Assistance Act (Public Law 93-638), are paid at the rates negotiated between the Health Care Financing Administration (HCFA) and the IHS and which are published in the Federal Register or Federal Register Notices.

The outpatient per visit rate is also known as the IHS encounter rate. The definition of an encounter is, "A face-to-face contact between a health care professional and a Medicaid beneficiary, for the provision of Title XIX defined services through an IHS or Tribal 638 facility within a 24-hour period ending at midnight, as documented in the patient's record."

The services of the following providers are included in the encounter rate:

- Physicians
- Physician Assistants
- Nurse Midwives
- Advanced Nurse Practitioners
- Speech-Language Pathologists
- Audiologists
- Physical Therapists
- Occupational Therapists
- Podiatrists
- Optometrists
- Dentists
- Chemical Dependency Counselors
- Psychiatrists
- Psychologists
- Mental Health Professionals

Included in the outpatient per visit rate are laboratory and x-ray services provided on-site and medical supplies incidental to the services provided to the patient. Pharmaceuticals/drugs are outside the encounter rate and are reimbursed under the fee-for-service system at the applicable fee-for-service rate.

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